

PLEASE PRINT OUT THIS PAGE AND FILL IN THE FOLLOWING INFORMATION.

PLACE IN ENVELOPE AND MAIL TO:

Ashtabula County Emergency Management Agency

25 West Jefferson Street

Jefferson, Ohio 44047

Special Needs Card

ASHTABULA COUNTY

2014

If you need transportation or any other assistance during an emergency, please print and fill out this Response Card for the county in which you live; place it in an envelope and mail it to the address above. In an emergency, you will be picked up at your home by local emergency workers. This information will be kept confidential.

Name _____

Address _____

City, State, Zip _____

Phone _____

TDD No. (if applicable) _____

Fire District (if known) _____

**SPECIAL NEEDS. PLEASE CHECK THE APPROPRIATE BOX
AND SPECIFY ASSISTANCE REQUESTED.**

☐ Hearing impaired _____

☐ Visually impaired _____

☐ Special transportation for disabled _____

☐ No access to TV _____

☐ No access to radio _____

☐ Other _____

In the event a condition listed above changes, please advise your county emergency management agency, or submit a Special Needs Removal Card. Return this information to the emergency management agency in your county. **A new form should be submitted once each year**, so that records can be continually updated.